City Of New Orleans

Mitchell J. Landrieu, Mayor

Office of Community Development Registry of Community Organizations

The City of New Orleans, through the Office of Community Development (OCD), is inviting all **Community Organizations** to apply for listing on the Office of Community Development Registry of Community Organizations. All organizations interested in working with Office of Community Development must qualify by completing the Registry Community Organizations. The purpose of the Registry is to ensure that applicants meet minimum eligibility requirements to receive federal and state grant funds through Office of Community Development. **Certification on the Registry is a required step in the two (2) step funding process.** .

- Applicant organizations must be a Legal Business
- Possess a U.S Federal Tax Identification (TIN) or Employer Identification Number (EIN)
- If your organization is debarred or has outstanding audit findings, or a delinquent audit, it will not be eligible for the NOFA

A checklist is provided to ensure that you have completed all of the necessary items to be considered for certification. Please provide an original and one copy of the completed NOFA application for submission:

Office of Community Development 1340 Poydras Street-10th Floor New Orleans, Louisiana 70112 (504)658-4200

An electronic copy is also requested *PDF format* to inthomas@nola.gov or dmpearson@nola.gov . Please do not submit to Office of Community Development the originals of any legal documents for your agency unless specifically requested. Office of Community Development will not be responsible for making copies of any documents for your agency. If you have any questions, please contact the Planning & Resource Development Unit at (504)658-4399 or (504)658-4347.

ORGANIZATIONAL INFORMATION:

Legal Business Name: /and DBA	
Federal Tax I.D. or Employer I.D Number	
Federal DUNs No.	
Agency Address:	
Mailing Address	
Contact Person(s):	Name:
	Title:
	Business Phone:
	Alternate Phone:
	Fax:
	E-mail:
SECONDARY CONTACT	INFORMATION
	Name:
	Title:
	Phone:

	Alternate Phone:
	Fax:
	E-mail:
Sec	ion 1: Organizational Information
Cate	gorize you organization: _Government Entity/Agency
	_Non-Profit Organization
	_Faith Based Organization
	_For-Profit Business
	_other (explain)
1a.	Has the organization achieved not-for-profit status in accordance with Section 501(c) of the Internal Revenue Code?
	YES NO
1b.	Indicate Federal Tax Exemption and provide proof of status:
	501(c) (3) Organization 501(c) (4) Organization
1c.	Is the Organization incorporated under the laws of the State of Louisiana?
	YES NO Year of Incorporation
	If yes, please submit copies of the organization's Articles of Incorporation and By-laws including amendments.
	Are the following items included in your Articles of Incorporation or by-laws: Purpose of Organization yes no
	Board of Directors Selection Process yes no
	Process of Annual or Regular Meetings yes no Duties and Composition of Officers yes no
1d.	Provide current Certificate of Good Standing from the Louisiana Secretary of State. Please submit only the current year certificate (<i>see attachment 1</i>). Secretary of State, Baton Rouge, Louisiana - (225) 925-4704

Please request by mail at P.O Box 94125 Baton Rouge, LA 70804 or Fax (225)925-4727

Cost: \$10. Please allow 1-2 weeks for receipt.

1e. Provide a copy of Form 941, Employer's Quarterly Federal Tax Return or Form 990, Return of Organization Exempt from Income Tax.

Section 2: Financial Capacity:

c:

a:		_	embers, employees, paid cons of federal, state, or City of N	sultants, or contractors been debarred or New Orleans funds?
	YES_	NO	If yes, state reason.	
		the organization have y's organizational aud		, or unresolved audit findings identified in the
	YES_	NO	If yes, state reason.	
b:	A- 110	0, "Standards for Fina	to the financial accountabilit ancial Management Systems" please submit one or more of	
	γ	an organizational au expenditures of \$50		with OMB Circular A-133; For Federal
	γ		a Certified Public Accountan C.21 of OMB Circular A-110	nt verifying that agency financial records 0.
	γ			tement by the president or chief financial officer al records conform to Subpart C.21 of OMB
	NOTI		NCIES SHOULD SUBMIT (ATIONS OR NOTARIZED	ORIGINAL COPIES OF CPA D STATEMENTS.

Please complete the Total Federal Inquiry Sheet (Attachment 5)

Section 2 Continued: Program Financial Chart (Past 3 Years):

List the source and amount of funds (including in-kind contributions) that support the proposed program(s) in the service area(s) identified as *Activities for Proposed Programs* (page 10).

Leveraging of funds is encouraged by the Office of Community Development

FUNDING SOURCE & YEAR	FUNDED	UNITS COMPLETED /
(Federal, State, City, Donations, etc.)	AMOUNT	NUMBER OF CLIENTS SERVED

Section 3: Organizational Capacity:

Summarize your **Organization's Experience** in the chart below.

Program Year	Type of Service Provided	Site Address	Number of People	Number of Households	Number of Units built
1 Cai	Tiovided		Served	Served	or
			Berved	Berved	rehabbed
2014					
2013					
2012					
2011					

Section 4: Staff and Board Information (Non-Profit Organization):

List the names, addresses and titles of each Board Member for organization

NAME	ADDRESS	TITLE

- Provide **current Board Authorization** (*sample attachment 3*) stating the individual authorized to enter into contractual agreements, execute documents, sign checks, etc., on behalf of the organization and keep an original Board Authorization on file.
- Provide an Organization Chart for your agency

Staff:

Identify all paid, full time and part-time staff.

NAME	TITLE	FT/PT

Consultants/Contractors:

Identify all paid consultants and contractors providing services for the organization.

NAME/AGENCY	AGENCY PRINCIPAL OFFICER	SERVICE

Section 5: Conflict of Interest:

Please list any board member(s) and the immediate family or business partner(s) of the board members, currently or within the last two years who has been an employee of Office of Community Development (or previously ORDA), any other City of New Orleans department, the City Council of New Orleans, or the U.S. Department of Housing and Urban Development (HUD). Use additional pages if necessary. (Immediate family is defined as husband, wife, father, mother, daughter, son, brother, sister, father-in-law, mother-in-law, daughter-in-law, son-in-law, brother-in-law, or sister-in-law. "Business partners" is defined as employment by or ownership of or financial benefit from employees or elected officials of the City of New Orleans or business entities in which they own an interest.)

BOARD MEMBER	FAMILY MEMBER	RELATIONSHIP (Self, husband, wife, brother-in-law, etc.)	AFFILIATION (OFFICE OF COMMUNITY DEVELOPMENT, City Council, business partner, etc.)

Please list any **staff member(s)** and the immediate family or business partner(s) of the staff member(s), currently or within the last two years who have been an employee of the Office of Community Development (or previously ORDA), any other City of New Orleans department, the City Council of New Orleans, or the U.S. Department of Housing and Urban Development (HUD). Use additional pages if necessary. (Immediate family is defined as husband, wife, father, mother, daughter, son, brother, sister, father-in-law, mother-in-law, daughter-in-law, son-in-law, brother-in-law, or sister-in-law. "Business partners" is defined as employment by or ownership of or financial benefit from employees or elected officials of the City of New Orleans or business entities in which they own an interest.)

STAFF MEMBER	FAMILY MEMBER	RELATIONSHIP (Self, husband, wife, brother-in-law, etc.)	AFFILIATION (Office of Community Development, City Council, business partner, etc.)

Conflict of Interest (continued):

Please list any paid consultant(s) and/or contractor(s) and the immediate family or business partner(s) of the paid consultant(s) and contractor(s), currently or within the last two years who has been an employee of the Office of Community Development (or previously ORDA), any other City of New Orleans department, the City Council of New Orleans, or the U.S. Department of Housing and Urban Development (HUD). Use additional pages if necessary. (Immediate family is defined as husband, wife, father, mother, daughter, son, brother, sister, father-in-law, mother-in-law, daughter-in-law, son-in-law, brother-in-law, or sister-in-law. "Business partners" is defined as employment by or ownership of or financial benefit from employees or elected officials of the City of New Orleans or business entities in which they own an interest.)

CONSULTANT/ CONTRACTOR	FAMILY MEMBER	RELATIONSHIP (Self, husband, wife, brother-in-law, etc.)	AFFILIATION (Office of Community Development, City Council, business partner, etc.)

Which of the employees, agents, consultants or officers of your organization will (1) exercise any functions or responsibilities related to activities to be funded with the requested funding from the City of New Orleans or (2) be in a position to participate in a decision making process related to these activities or (3) gain inside information associated with these activities? Use additional pages if necessary.

Which of the people listed in the response above and which persons with whom they have business or immediate family ties as defined above (1) will obtain a financial interest or benefit from activities to be funded with the assistance requested from the City of New Orleans or (2) have an interest in any contract, subcontract or agreement with these activities, or the proceeds from these activities? Use additional pages if necessary.

Section 6: Planning Information:

ACTIVITIES FOR POTENTIAL FUNDING

<u> </u>	Homebuye	enovation/Rehabilitation r Programs/New Construction		
_		sing Development and Mana r/Homeownership Training	gement	
	<u>CO</u> 1	NTINUUM OF CARE		
<u> </u>	HIV/AIDS	Assistance/Prevention Services ersons with Disabilities		
	Assisting I	ersons with Disabilities		
		e neighborhood(s) you inte	end to serv	e: Give the
and o	se identify the census tracts tivity in a Pl	e neighborhood(s) you inte		
and o	ee identify the census tracts tivity in a Ples, please iden	ne neighborhood(s) you inte s ace-based neighborhood? ntify from the list below:	YES	_ NO

Contract Reference Checklist Items

Federal Tax Identification Numbers:

http://www.irs.gov/business/small/article/0,,id=97872,00.html

Louisiana State Tax Identification Number:

http://revenue.louisiana.gov

Vendor Registration in BuySpeed:

http://www.purchasing.cityofno.com/bso/login.jsp

Certificate of Good Standing

http://www.sos.la.gov/tabid/818/Default.aspx

Tax Clearance Form: Must be issued less than 30 days before a contract is awarded

http://new.nola.gov/getattachment/Procurement/Forms/Tax-Clearance-2012.pdf

Convicted Felon Status Affidavit: Must be issued less than 30 days before a contract is awarded

http://new.nola.gov/search

AFIN Vendor Request Form

 $\underline{http://new.nola.gov/getattachment/Procurement/Forms/AFIN-Vendor-Request-}\\ \underline{Form.pdf}$

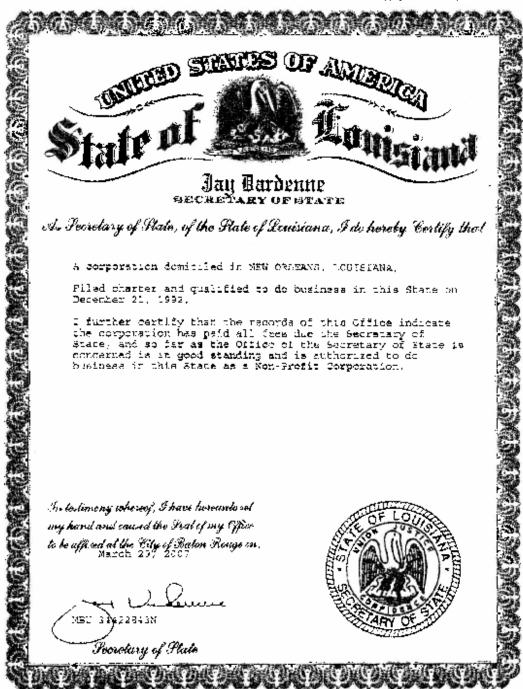
Name of Organization _____

	Yes	No	N/A
Section 1: Organizational Informat	ion		
a. Does Organization have Section 501©			
IRS status			
b. Proof of Federal Tax status			
c. Articles of Incorporation and			
Organizational By-Laws and			
Completeness of Articles of Incorporation	_	_	
and By-Laws			
d. CURRENT Certificate of Good Standing			
(Attachment 1)			
e. Copy of form 990 or 940	_		
Section 2: Financial Capacity			
a. Debarment statement/ Audit Findings			
b. Financial Accountability Standards			
Verification (Attachment 2)			
c. Total Federal Funding Inquiry Sheet			
(Attachment 5)			
d. Financial Chart completed			
e. Current Tax Clearance Form	_		
Document is valid for one year			
(Attachment 4)			
Section 3&4: Organizational Capac	itv		
a. Experience Chart	<u> 10,7</u>		
b. Statement of Staff/			
Consultants Experience			
a. Board Authorization (Attachment 3)	_		
b. Staff Member List			
c. Consultants Identified			
			
Section 5: Conflict of Interest			
a. Conflict of Interest Statements completed			
Section 6: Planning Information			
a. Principal Activities Identified			
b. Neighborhood Identified			
c. Boundaries & Census Tracts			
d. Council District Identified	_		
a Council District Inclinated		_	
Section 7: Section 3Business Concer	n Application		
e. Are you a Certified Section 3 Business?	n Applicativil		
(Attachment 7)		_	

ATTACHMENTS

- 1. Sample of Certificate of Good Standing Document
- 2. Verification(s) supporting OMB Circular A-110
- 3. Board Authorization
- 4. Current Tax Clearance Form
- 5. Total Federal Funding Inquiry Sheet
- 6. City of New Orleans Vendor Request Form
- 7. Section 3 Business Concern Application

Please identify/label attachments in your application packet



Fax Number: (225)925-4727

Mailing Address: Secretary of State P.O. Box 94125

Baton Rouge, LA 70804

SPARING AND SENSE PRINTED BANK FINE 1986

Attachment 2

OMB CIRCULAR A-110 SUBPART C - Post-Award Requirements

Financial and Program Management:

Section 21. Standards for financial management systems.

- (a) Federal awarding agencies shall require recipients to relate financial data to performance data and develop unit cost information whenever practical.
- (b) Recipients' financial management systems shall provide for the following.
- (1) Accurate, current and complete disclosure of the financial results of each federally-sponsored project or program in accordance with the reporting requirements set forth in Section ____.52. If a Federal awarding agency requires reporting on an accrual basis from a recipient that maintains its records on other than an accrual basis, the recipient shall not be required to establish an accrual accounting system. These recipients may develop such accrual data for its reports on the basis of an analysis of the documentation on hand.
- (2) Records that identify adequately the source and application of funds for federally-sponsored activities. These records shall contain information pertaining to Federal awards, authorizations, obligations, un-obligated balances, assets, outlays, income and interest.
- (3) Effective control over and accountability for all funds, property and other assets. Recipients shall adequately safeguard all such assets and assure they are used solely for authorized purposes.
- (4) Comparison of outlays with budget amounts for each award. Whenever appropriate, financial information should be related to performance and unit cost data.
- (5) Written procedures to minimize the time elapsing between the transfer of funds to the recipient from the U.S. Treasury and the issuance or redemption of checks, warrants or payments by other means for program purposes by the recipient. To the extent that the provisions of the Cash Management Improvement Act (CMIA) (Pub. L. 101-453) govern, payment methods of State agencies, instrumentalities, and fiscal agents shall be consistent with CMIA Treasury-State Agreements or the CMIA default procedures codified at 31 CFR part 205, "Withdrawal of Cash from the Treasury for Advances under Federal Grant and Other Programs."
- (6) Written procedures for determining the reasonableness, allocability and allowability of costs in accordance with the provisions of the applicable Federal cost principles and the terms and conditions of the award
- (7) Accounting records including cost accounting records that are supported by source documentation.
- (c) Where the Federal Government guarantees or insures the repayment of money borrowed by the recipient, the Federal awarding agency, at its discretion, may require adequate bonding and insurance if the bonding and insurance requirements of the recipient are not deemed adequate to protect the interest of the Federal Government.
- (d) The Federal awarding agency may require adequate fidelity bond coverage where the recipient lacks sufficient coverage to protect the Federal Government's interest.
- (e) Where bonds are required in the situations described above, the bonds shall be obtained from companies holding certificates of authority as acceptable sureties, as prescribed in 31 CFR part 223, "Surety Companies Doing Business with the United States."

BOARD AUTHORIZATION
DATE:
On theday of, 20 at its regular meeting of the Board of Directors of, a
Corporation domicile in the State of Louisiana, Parish of Orleans, with a quorum present, the
following business was conducted.
It was duly moved and seconded that the following resolution be adopted:
WHEREAS, the Board of Directors of has
agreed that it is necessary to designate a person to solicit, negotiate and/or execute any
documents, contracts, etc. for the Corporation.
WHEREAS, the Board of Directors has authorized
to act on behalf of the Corporation in any and all transactions necessary for the Corporation.
BE IT FURTHER RESOLVED, that be given the full
discretion to sign any and all contracts, documents, etc., for the
RESOLUTION WAS READ IN FULL ON THIS DAY OF, 20 IN NEW
ORLEANS, LOUISIANA.
SECRETARY

**NOTE: THIS DOCUMENT IS VALID FOR ONE (1) YEAR AFTER THE DATE OF ISSUANCE.

CITY OF NEW ORLEANS DEPARTMENT OF FINANCE TAX CLEARANCE AUTHORIZATION

FOR CITY OF NEW ORLEANS USE O	TRACKING NO.	
RECEIVED BY FINANCE DEPT. ON:		
FROM:	PHONE	
TO REVENUE ON:	BY:	
TO TREASURY ON:	BY:	
TO DIRECTOR ON:	BY:	
COMPLETED & RECEIVED BY DEPT	. FINANCE ON:	
DEPT. OF LAW RECEIVED ON:	BY:	

1300 Perdido St., Room 3E06, New Orleans, LA 70112, Fax (504) 658-1706

According to Section 2-8 of the Code of the City of New Orleans, Louisiana 1995, the City may not enter into or make payments under a contract, grant or cooperative endeavor agreement with any person, corporation, or entity delinquent in City taxes. This form supplies the needed tax clearance. This clearance is issued without prejudice to any tax liabilities discovered by audit.

- ▶ A SEPARATE TAX CLEARANCE AUTHORIZATION IS REQUIRED FOR EACH CONTRACT
- ▶ IF THIS AUTHORIZATION IS NOT SIGNED AND DATED, IT WILL BE RETURNED

Taxpayer Information

TYPE OF BUSINESS:

BUSINESS NAME:			REAL ESTATE TAX NUMBER	₹:		
OWNER'S NAME:		////	(IF KNOWN)			
BUSINESS ADDRESS:		\mathcal{U}	, and a second			
			PERSONAL PROPERTY TAX	X NUMBER:		
MAILING ADDRESS:	MILLIAN	40	(IF KNOWN)			
	- MARIN					
CONTACT TELEPHONE:	S // N/N		SALES TAX/OCCUPATION	IAL LICENSE NUMBER:		
FAX NUMBER:			(IF KNOWN)			
E-MAIL ADDRESS: Name Department:	e of Contracting					
PRINT NAME:			TITLE:			
AUTHORIZED SIGNATURE:			DATE SIGNED:			
I certify that I have the authority to execute the City of New Orleans is authorized to inspect a				above is true and correct. The		
BUREAU OF REVENUE (Room	1W15)		BUREAU OF TREASURY	' (Room 1W37)		
This clearance covers Occupational License and Sales/Use taxes.			This clearance covers Ad Valorem taxes for Real Estate and Business Property taxes.			
I HEREBY ASSERT THAT AFTER REVIEW OF THE TAXPAYER'S RECORDS OF THIS DATE THAT THE TAXPAYER IS/IS NOT DELINQUENT IN ANY TAXES OWED TO THE CITY.		I HEREBY ASSERT THAT AFTER REVIEW OF THE TAXPAYER'S RECORDS OF THIS DATE THAT THE TAXPAYER IS/IS NOT DELINQUENT IN ANY TAXES OWED TO THE CITY.				
	_					
COLLECTOR OF REVENUE	DATE		TREASURY CHIEF	DATE		
I HEREBY ASSERT THAT THE DELINQUENCY REMEDIED.	IS/IS NOT	I HEREE REMED	ly assert that the delingi IED.	UENCY is/is not		
COLLECTOR OF REVENUE	DATE		TREASURY CHIEF	DATE		
I attest that the taxpayer na	med above is/is ı	not deli	nquent in any taxes o	wed to the city.		
 DI	RECTOR OF FINAN	ICE	DATE			

CITY OF NEW ORLEANS DEPARTMENT OF FINANCE TAX CLEARANCE AUTHORIZATION

1300 Perdido St., Room 3E06, New Orleans, LA 70112, Fax (504) 658-1706

INSTRUCTIONS

- 1. To complete this form, provide all of the taxpayer information requested at the top of the form. Failure to fill in ALL taxpayer information requested may delay processing. If taxpayer authorization is not signed and dated, the form will not be processed.
- 2. Complete, sign and date the authorization form and submit in any of the following ways:
 - a. In person or by mail to: City Hall, Department of Finance, 1300 Perdido Street, Room 3E06, New Orleans, LA 70112
 - b. Via Facsimile (Fax): (504) 658-1706
- 3. This form authorizes the City of New Orleans to inspect and/or receive your confidential tax information.
- 4. This Tax Clearance Authorization will not be honored for any purpose other than contracting with the City of New Orleans.
- 5. A separate Tax Clearance Authorization is required for each contract.
- 6. If you need additional information regarding this authorization, please call the Department of Finance at (504) 658-1510, or e-mail gcpiper@cityofno.com

OFFICE OF COMMUNITY DEVELOPMENT TOTAL FEDERAL FUNDING INQUIRY

ORGANIZATION:				
ORGANIZATION'S FISCAL	YEAR: (check or			ber 31
		July 1 – June 30		
		Other (indicate))	
TOTAL FEDERA	AL FUNDS EXPE	NSED IN FISC	AL Y	YEAR 2012 (EXAMPLE)
SOURCE		EXPENDITURES		PERIOD OF EXPENSE
Example: Office of Community	Development	\$124,657.00		Jan. 1 – Dec. 31, 2012
Example: Ryan White		\$ 85,727.00		Jan. 1 – June 30, 2012
Example: Ryan White		\$223,700.00		July 1 – Dec. 31, 2012
Total		\$434,084.00		
TOTAL F	EDERAL FUNDS	S EXPENSED IN	I FIS	SCAL YEAR 2012
SOURCE	EXPENDIT			RIOD OF EXPENSE
TOTAL FED	ERAL FUNDS A	NTICIPATED F	OR	FISCAL YEAR 2013
SOURCE	CONTRACT	AMOUNT	C	ONTRACT PERIOD
Accountant's Signature		Date		Phone No.
FOR NEIGHBORHOOD 1 USE ONLY				
DATE RECEIVED:				
RECEIVED BY:				
RECEIVED VIA:				

CITY OF NEW ORLEANS VENDOR REQUEST FORM

Complete all information on this form. All requested information must be provided for inclusion to the City of New Orleans list of interested and responsible bidders.

PLEASE PRINT

□NEW VENDOR □NAME CHANG		CHECK JADDRESS CHAN JADD TO EXISTIN		PRIATE BOX □NEW FEDE □OTHER			
You mu	ıst provide: FEDE	ERAL TAX ID NU	JMBER:		I	f applicable,	
or pleas	se provide: SOCIA	AL SECURITY N	UMBER:				
Mailing Informati	on:		Please ma	ark an "X" in e	each [], if it applies:		
Company Name	or Individuals		Dealer Manufact Jobber Retailer Factor Re	[]	*Certified WBE *Certified MBE If Minority-Own -African America		
Mailing Address			Individua Partnersh	ls [] ip []	-Asian American -Asian Indian -American Indian	[]	
City	State Z	ip Code	Incorpora Small Bus Commodi Disabled	siness []	-Hispanic Americ -Women-Owned In State of Louisia	can []	
Telephone: (Area	a Code) Phone Nur	mber					
Contact Person							
*Certification of V 1515 Poydras St.,	WBE, or MBE statu 12 th Floor, New Or	s is performed throu leans, LA 70112, (5)	igh the office of 04) 565-6971	f Small Emerg	ing Business Develop	pment,	
Remit to Address (if different from mailing address)			NOTE: IT IS THE RESPONSIBILITY OF THE VENDOR TO SUBMIA REVISED FORM FOR ANY CHANGES IN THE ABOVE INFORMATION.				
City	State	Zip Code				E PAYMENT ADDRESSES ΓANCE ADDRESSES.	
Telephone: (Area	Code) Phone Numb	e) Phone Number If form submitted by City Agency or Department:				artment:	
Contact Person			Form Sub	omitted by / Na	ame of Contact Person	<u> </u>	
			City Department or Agency Name				
			Phone #			Fax#	

Please use this substitute form w-9 to furnish your taxpayer identification number. IRS regulations specify that without this information, payments made to your account are subject to a 31% backup withholding. You may also be subject to a \$50.00 penalty imposed by the IRS under Section 6723 of the Internal Revenue Code.

Part 1 TAX STATUS: CHECK ONE ONLY	
Individuals: (Doing business under your own nam Sole Proprietor: (sole proprietor or doing business Partnership Corporation Providing Health Care Corporation, Exempt Charity, other entity:	e, i.e. a consultant) under a name other than your own)
Name on IRS records	
(For individuals, sole proprietor or partnership)	
Individual Social Security Number	
Name of Business	
Federal Tax ID Number	
Part 2 EXEMPTION :	
If you are a corporation exempt from 1099 reporting, check	the appropriate line describing your exemption status:
Corporation Tax exempt Charity under 501(a) A state, the district of Columbia, a possession of t A foreign government or nay of its political subdi An international organization or any of its agencie other	visions, agencies or instrumentalities s or instrumentalities
Part 3 CERTIFICATION :	
I certify that under penalty of perjury that the Tax	Identification Number that I have provided is correct.
Person completing this form (print)	
Signature	
Date Phone	

PLEASE RETURN THIS COMPLETED FORM TO

CITY OF NEW ORLEANS BUREAU OF PURCHASING 1300 PERDIDO ST., ROOM 4W07 NEW ORLEANS, LA 70112

What is a Section 3 business concern?

A Section 3 business concern is one that:

- Is 51 percent or more owned by Section 3 residents; (tax information needed to verify)
- Employs Section 3 residents for at least 30 percent of its full-time, permanent staff; (checks stubs and staff listing needed to verify) or
- Provides evidence of a commitment to subcontract to Section 3 business concerns, 25 percent or more of the dollar amount of the awarded contract (Statement of commitment and copies of recent contracts with Section 3 businesses needed to verify).

What is the benefit to me the business owner?

As a Section 3 Business Concern your company will receive preference and advanced notice when economic opportunities arise.

What is a Section 3 resident?

A Section 3 resident is a person that is:

- A resident of public or assisted housing,
- A participant of HUD Youthbuild program in the New Orleans MSA or
- Is a low- or very low-income resident of the New Orleans MSA and/or homeless person.

What is the benefit to the resident?

A Section 3 resident will receive hiring priority when there are employment opportunities.

*Additional Information will be provided at the scheduled Technical Assistance Workshop.

CITY OF NEW ORLEANS MAYOR'S OFFICE OF COMMUNITY DEVELOPMENT

SECTION 3 BUSINESS CONCERN APPLICATION

BUSINESS <i>A</i> TYPE OF BU TYPE OF SE	ISINESS:	Corp	oration			le Proprietorsh	nipJoi	int Venture		
DOCUMENT •	ATION OF 51% bus 30% of a 25% su Active S	DESIGNA siness own all full time bcontractin ection 3 ce	TION OF Sership consemployees	SECTION 3 Sisting of Secare Section lar amounts hrough U.S.	STATUS (CI ction 3 Residents 3 Residents awarded to		ion 3 busine	esses	(HUD) or	
Names and a	ddresses (of Section 3	Resident(s) in 51% ov	vnership pos	INESS IS OW sition Resident(s)]	NED BY SE	CTION 3 RE	SIDENTS S	UPPLY THE:
RESIDENTS SUPPLY THI Nan List Nan Inco	OR WERE E INFORM nes of all c of all empl ne and add ome verifica	E SECTION LIS ATION LIS urrent full ti oyees clain lress of Pul ation accord	I 3 ELIGIBI TED BELO me employ ning Section olic Housing	LE RESIDED OW: ees in 3 status g Authority chart listed b	NTS WITHIN	ORCE ARE CI I 3 YEARS OF	DATE OF	EMPLOYME	ENT WITH B	USINESS he household,
Family Size	1	2	3	4	5	6	7	8]	
Max Income	\$34,650	\$39,600	\$44,550	\$49,500	\$53,500	\$57,450	61,400	\$65,350		
*Income figur	es subject	to change				•			-	
• Sigr • Estii • List FOR BUSIN INFORMAT	SECTION ned affidavi mated tota of subcont IESSES C	I 3 BUSINE it committin I contract a racted Sec LAIMING S ED BELOW	esses sur ag to contra mount \$ tion 3 busin SECTION 3	PPLY THE II ct 25% of th nesses and e	NFORMATION E total dollar estimated su	TRACTING 25 DN LISTED B amount awar bcontract tota	ELOW: ded to a qua	alified Section	n 3 business —	
_	_	certification								
Authorizin	g Name	and Signa	ature				Date			